CPA CONFERENCE REGISTRATION FORM

Name				
Organization				
Address				
City/State/Zip	Phone ()			
Fax	E-Mo	ail		
Membership Number:				
Registration Type:	Full Conference	Wednesday only	Thursdo	ay only Friday only
	*Pre-Conference Tra	iining <i>(Space limited t</i>	o 30 ppl.)	
Conference Fees:	CPA Members	Nonmembers		
Full Conference (Wed. — Fri.)	\$245	\$295		
•		\$160		
Friday Only	\$ 60	\$ 70		
*Pre-Conference	\$ 25	\$ 90		
*Please sei	nd a separate chec	k for pre-confere	nce training	
Workshop Selections: (Please write the number	of the workshop you	wish to attend in	each session)
Workshop Session:	#1	#2	#3	#4
	online at <u>www.padu</u> onferences and choo			e icon,
Method of Payment:				
Check enclos	ed payable to PA DU I	Association		
Charge to credit	card AE		□ VISA	□ DISCOVER
Card number			Exp. Date	
_				
Cancellations for a full refu	nd must be received i	in writing within tw	o (2) weeks o	f the conference.

REGISTRATION DEADLINE – May 26, 2006

Return your registration and fee to:
PA DUI Association, 2413 North Front Street, Harrisburg, PA 17110
Phone (717) 238-4354 FAX (717) 238-6211